

Workforce Development Plan



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Purpose and Introduction

Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This document provides a comprehensive workforce development plan for District Health Department #10 (DHD#10). The plan lists workforce priority areas for the agency as identified by the DHD#10 Leadership Team and from an employee opinion survey, a list of required internal trainings and their implementation schedule, and a process to assess and identify the core competency level of staff, and a plan to increase the core competency level of DHD#10 over the next five years. The document also serves to address the documentation requirement for the PHAB Accreditation Standards 8.2.1A *Maintain, implement and access the health department workforce development plan that addresses the training needs of the staff and the development of core competencies* and 8.2.2A *Provide leadership and management development activities*.

For more information on this plan, please contact:

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Agency Profile

Mission and Vision

The purpose of a Mission and Vision is to illustrate an agency's intentions, describe how it may look in the future and how it will achieve its goals. As part of its 2013 Strategic Planning Process, both the mission and vision for the agency were modified to better emphasize the agency's purpose and how it will achieve that purpose.

Mission – To promote and enhance the health of our communities and environment through protection, prevention and intervention

Vision – Healthy People, Healthy Communities

Location and Population Served

The DHD#10 is a local public health agency whose jurisdiction covers the counties of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford. The population of the jurisdiction is 261,616 making it the tenth largest jurisdiction in the state based upon population and the largest in the state based on geographical area.

Governance

Pursuant to Act 368 of 1978 DHD#10 was formed in 1997 through the consolidation of the Manistee – Mason District Health Department, the Mecosta County Health Department, District Health Department #1 and District Health Department #5. The agency is governed by a Board of Health which is responsible for reviewing agency efforts and setting policy. The Board is comprised of two county commissioners from each of the ten counties making up the jurisdiction. In addition, a Health Officer is responsible for the daily operation of the agency. A full time Medical Director is also employed by DHD#10. Both the Health Officer and the Medical Director must meet specific requirements per the Public Health code. The Board of Health is responsible for assuring the Health Officer and Medical Director are in compliance with PA 368 Public Health Code requirements and that the Michigan Department of Community Health has approved both positions. The Health Officer reports to the BOH and is responsible for assuring the daily operation of the agency.

Organizational Structure

Six Divisions make up DHD#10 and include: **Administrative Services, Environmental Health, Health Promotion, Human Resources, Personal Health and WIC.** Each Division is overseen by a Division Director who reports to the Health Officer. Emergency Preparedness programming is also provided by the agency and works in collaboration with each Division. An Emergency Preparedness Coordinator supervises the programming and also reports to the Health Officer.

Learning Culture

As an agency DHD#10 is committed to promoting and maintaining a learning environment. Annually, staff are assessed to determine their educational needs. Division Directors are responsible for determining opportunities for staff to attend appropriate professional meetings and trainings related to programming efforts. Throughout the year appropriate training opportunities are incorporated into individual Division staff meetings as well as at the agencies annual All Staff meeting. Per agency Personnel Policies, staff are eligible for an annual professional development reimbursement amount towards trainings or continuing educational related resources.

Funding

Funding for DHD#10 as an agency is comprised of mix of Federal, State and Local resources. Within each Divisional programming budget is a specific "Education and Training" line item which is utilized to assure continuing educational opportunities are available to staff from dedicated agency resources.

Workforce Policies

Policies related to workforce development and training opportunities are located in both the DHD#10 Human Resource and Personnel Policy Manuals. At the time of developing this plan the only required trainings for staff were the annual Blood Borne Pathogens training for all staff and completion of DHD#10 employee orientation training "Essentials for Success" and the National Incident Management System (NIMS) training for new hires.

Workforce Profile

Introduction

This section provides a description of the District Health Department #10 current and anticipated future workforce needs. Data contained below provides a picture of the current DHD#10 workforce as of January 1, 2014.

Current Workforce Demographics

Category	# or %
Total Number of Employees	174
Number of FTE	160
Gender	
Male	22
Female	152
Race	
Hispanic	3
Asian	1
African American	2
Caucasian	168
Professional Category	
Senior Management	8
Middle Management	9
Registered Nurses	38
Clinic Assistants/Technicians	8
Social Workers	9
Health Educators	17
Sanitarians	15
Information Technology Staff	3
Finance Staff	5
Vision & Hearing Technicians	4
Support Staff	42
Midlevel Providers	5
Medical Director	1
Dietitian/Nutritionist	11
Employees <5 Years from Retirement (Age 60)	
Management	10
Non-Management	49
Retention Rate by Years of Employment	
5 to 9 years	44%
>10 years	56%

Future Workforce Issues

In reviewing the make-up of the DHD#10 workforce the agency anticipates having to address issues related to the following areas:

Retirement –

Within 5 years, 10 of 17 members of the DHD#10 management team will become eligible for retirement.

The health department will be working on succession planning and recruitment for key leadership positions due to the significant number of managers/leadership positions and staff who are over 55 years of age. The agency needs to plan for this to insure a smooth transition when losing a large number of employees with institutional knowledge and public health leadership. Discussion needs to focus on what does the skill set look like for the new public health worker which will be significantly different from present skill sets.

Leadership & Succession Planning –

The Board of Health has identified the need for succession planning for key leadership positions. There is a need to develop a comprehensive five year plan which addresses these positions and includes an evaluation of the organizational structure. In 2012, a deputy health officer was recruited.

Technology Advancements –

The inclusion of expanded use of technology is essential for public health. A planned approach which maximizes the benefits using technology is essential. This planned approach needs to assure the identification of technology skills needed by employees and the provision of training opportunities where needs are identified. There continues to be a need to assure that staff have up-to-date skills to assure that they are effective in their jobs. The agency continues to develop and expand the Electronic Medical Record (EMR).

Included in the agency's strategic plan is an objective to develop and implement by June 30, 2014 an agency wide technology plan to enhance the provision of public health services throughout the health jurisdiction.

Infrastructure

On a more macro level related to providing Public Health services within the health jurisdiction, the DHD#10 Leadership Team will need to assure that the following areas are dealt with:

Core Competencies –

Our workforce development plan contains a detailed schedule for integrating PH core competencies into the staff and agency. With the changing face of Public Health, it is essential that we continue to educate our staff on public and emergency preparedness core competencies. Core competency training is essential for the success of the public health workforce. Training programs provide the staff with understanding and skill development necessary to perform vital Public health and Emergency Preparedness job duties.

Credentialing of Eligible Staff –

The department will encourage staff members to expand their public health skill set and seek additional training or participate in specific credentialing processes as appropriate. DHD#10 staff demonstrates a high level of competence and professional achievement. Credentialing is seen as an opportunity to illustrate competence in staff performance and seek additional funding opportunities.

Performance Management & Quality Improvement –

The department is engaged with using performance management and quality improvement to assure a highly functioning public health entity. Training and education opportunities will be provided to staff. Our goal is that this process will be bottom up and supported by department leadership

DHD#10 has dedicated staff and resources towards building a culture which embraces performance management and QI.

In order to achieve an organization proficient in Performance Management and Quality Management training and education will be necessary for all staff.

Workplace Environment

In February 2013, DHD#10 staff completed an employee opinion survey through The Employers Association of Grand Rapids. The opinion survey consisted of both survey and open ended questions designed to assess attitudes towards management effectiveness, working conditions, supervisory effectiveness, communication, compensation and benefits, quality and productivity, policies and practices, employee development and recognition, and quality of work life. The agency has participated in this survey process every five years. Results from the survey identified the following areas for the agency and its Leadership Team to address:

Provide an Environment Which Results in a High Level of Employee Satisfaction –

A follow-up employee survey (Oct 2013) elicited suggestions for environmental improvement. The data gathered in the survey confirmed a very positive relationship at DHD#10 between the employer and employees.

Improve Communication within the Agency –

The agency continues to address this employee concern with new resources and strategies. These include written administrative updates, county specific employee meetings and employee driven focus groups.

Address Staff Concerns over Job Performance –

The agency has a personnel policy which governs the progressive discipline process. Directors and supervisors in consultation with the HR director address employee performance issues.

Competencies & Educational Requirements

Core Competencies for DHD#10 Staff

On December 4, 2013 the DHD#10 Leadership Team voted to utilize the Council of Linkages Core Competencies for Public Health Professionals as the set of nationally recognized set of standards upon which the workforce development plan would be built. Prior to this official determination some inclusion of the Council of Linkages Core Competencies was used within the agency, specifically around the redesign of job descriptions for the Health Officer and Deputy Health Officer.

The Council of Linkages Core Competencies for Public Health Professionals is divided into three specific groups or tiers for public health workers. These Core Competencies are designed to serve as a starting point for an organization to understand, assess, identify and meet the training and workforce development needs of an agency. The competencies represent a set of skills identified as desirable for the practice of public health and reflect the characteristics which staff of a public health organization should want to possess as they deliver the Essential Public Health Services.

Core Competency Key Dimensions

- 1. Analytical/Assessment***
- 2. Policy Development/Program Planning***
- 3. Communication***
- 4. Cultural Competency***
- 5. Community Dimensions of Practice***
- 6. Public Health Sciences***
- 7. Financial Planning and Management***
- 8. Leadership and Systems Thinking***

In addition to the Council of Linkages Core Competencies, DHD#10 has also identified a set of competencies specific to emergency preparedness that will be included in this plan. These competencies, known as the Bioterrorism and Emergency Readiness Competencies for all Public Health Workers, will provide a platform for which the agency can provide training, exercises and drills for staff.

Core Preparedness Competencies

- 1. Describe public health's health role in an emergency***
- 2. Describe agency chain of command***
- 3. Identify and locate agency emergency plan***
- 4. Describe and demonstrate one's functional role***
- 5. Demonstrate use of communication equipment***
- 6. Describe communication roles during emergency response***
- 7. Identify limits to one's authority***
- 8. Apply creative problem solving skills***
- 9. Recognize deviations from the norm***

Continuing Education

Multiple public health-related disciplines require continuing education for their ongoing licensing/certification/practice and registration. Licenses held by staff from DHD#10, and their associated continuing educational requirements, are shown in the chart below. While DHD#10 actively supports, encourages, and promotes continuing education, the maintenance of necessary licensure is the sole responsibility of the individual staff member. DHD#10 does provide an annual financial stipend towards continuing education for all agency staff.

Discipline/License	CE Requirements
Medical Director	150 CMEs every 5 years
Registered Sanitarian	24 CEUs every 2 years
Health Educator (CHES/MCHES)	75 CECH every 5 years
Registered Nurse	25 CEUs every 2 years
Social Worker (LSW, MSW, LISW)	45 CEUs every 3 years
Registered Dietician	75 CEUs every 5 years
International Board Certified Lactation Consultant (IBCLC)	75 CERPs every 5 years

Training Needs

Introduction

Included within this section are the identified and mandatory training needs of DHD#10. Mandatory trainings listed here are those which the agency Leadership Team and other governing entities have determined to be important for ongoing review and education by staff.

Core Competency Needs Assessment

As part of this workforce development plan, DHD#10 will include strategies to assess the level of competence of staff as they relate to The Core Competencies for Public Health Professionals as adopted by the Council of Linkages. To date, no formal assessment on core competencies has been completed by all staff except for the Health Officer and Deputy Health Officer. As part of the assessment process staff will be categorized as either a Tier 1, 2, or 3 based upon the following criteria.

Tier 1 – Those staff who are entry level and who carry out the day-to-day tasks of DHD#10 and are not in a supervisory or leadership role.

Tier 2 – Those staff that carry out the day-to-day supervision and/or management responsibilities for DHD#10.

Tier 3 – Those staff who are part of the DHD#10 senior administrative or leadership team.

For this assessment DHD#10 intends to utilize the Competency Assessment Tool for Tier 1, 2, and 3 Public Health Professionals provided through the Public Health Foundation. A plan to complete the assessment and tier trainings is included in the goals, objectives and implementation plan section. As the assessment process is completed and competency areas for training are determined, sections will be added to this workforce development plan annually to reflect what has been completed and what is planned for.

Agency specific training needs

The following training areas represent those identified through the completion of the employee opinion survey provided by The Employers Association of Grand Rapids, Michigan and completed every five years by the agency. Training areas listed below are those determined from the February, 2013 survey and/or the DHD#10 Leadership Team.

- Performance Management and Quality Improvement
- Communication within the Agency
- Addressing Job Performance Issues

Division specific training needs

Each division will be responsible for developing a training plan for their division annually. A minimum of two staff meetings will be held annually, these meetings will incorporate training needs.

Each director will establish a training plan/schedule for staff.

Mandatory training needs

Included within this section are the trainings which are required by DHD#10 and/or by state or federal mandate. Information and access to these trainings will be provided to staff initially at their orientation and in subsequent years by individual Directors or supervisors or through the DHD#10 Human Resource Department.

Training	Who	Frequency
HIPAA	All Staff	Annually 2014 – 2018 completed 12/31/15
Bloodborne Pathogens	All Staff	Annually 2014 – 2018 – completed 4/1/2015
Cultural Diversity	All Staff	2018 – every 5 years
FMLA	All Staff	Annually 2014 – 2018 completed 3/4/16
Sexual Harassment	All Staff	2015 – every 3 years – completed 5/31/2015
National Incident Management (NIMS)	All Staff	Orientation period, within 1 year
NIMS 300 & 400	Response Team	Point of Joining Team
Confidentiality	All Staff	2014 – every two years
Public Health Ethics	All Staff	2017 – every five years
Emergency Preparedness – Active Shooter	All Staff	Annually/Fall 2014 – 2018 completed 2014, 2015
Emergency Preparedness – Fire Drills	All Staff	Annually/Summer 2014 – 2018 Completed 2014, 2015, 2016
Emergency Preparedness – 800 MHz Radio Training	MHz Radio Operators	Annually 2014 – 2018, completed quarterly in 2014, 2015, moved to 2x a year beginning in 2016.

Roles and Responsibilities

This section provides information regarding training goals and objectives of DHD#10, as well as resources, roles, and responsibilities related to the implementation of the plan.

Who	Role and Responsibility
Board of Health	Responsible for assuring that a supportive, learning environment is available and maintained within the agency. Ultimately responsible for ensuring those resources are available to implement the workforce development plan.
Health Officer	Responsible to the Board of Health for priority setting, establishment of goals and objectives and for assigning resources to facilitate a learning environment.
Human Resources	Responsible for oversight and updating of workforce development plan and assisting in supporting a

	learning environment. Assists in searching for and providing training programs and opportunities. Responsible for assuring performance reviews are conducted and documented appropriately. Responsible for creating environment to document completed trainings.
Division Directors	Responsible for all staff in their division, Supports, mentors and coaches supervisors and staff to assure that appropriate training resources and support structures are available within their division. Responsible for assuring all their staff completed mandatory trainings.
Supervisors	Works with staff to develop individualized training plan and mentors and provides support for the accomplishment of the plan.
All Employees	Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well agency-based needs. Identify opportunities to apply new learning on the job.

Goals, Objectives and Implementation Plan

This section provides information regarding training goals and objectives of the agency, as well as resources, roles, and responsibilities related to the implementation of the plan. In constructing this plan, DHD#10 is looking at a five year period to completely implement the trainings and assessment pieces contained within it. As the assessments are completed, additional goals and strategies may be added to the plan as its implementation moves forward.

Goal	Objectives	Target Audience	Responsible Party	Completion Date
Integrate public health core competencies into DHD#10 workforce	By June 30, 2014 complete an assessment of core competencies for Tier 3 staff	Senior Administration/Leadership Team	HR Director, Deputy Health Officer	09/10/2014
	By September 30, 2014 complete an analysis/ranking of core competency assessment scores for Tier 3 staff			11/5/2014
	BY December31, 2014			12/03/2014

	<p>develop training plan to address low core competency scores for Tier 3 staff</p> <p>By December 31, 2014 provide an overview of public health core competencies to all DHD#10 staff</p> <p>By September 30, 2015 complete an assessment of core competencies for Tier 2 staff</p> <p>By September 30, 2016 complete an analysis/ranking of core competency scores for Tier 2 staff</p> <p>By December 31, 2016 develop a training plan to address low core competency scores for Tier 2 staff</p> <p>By March 31, 2017 complete an assessment of core competencies for Tier 1 staff</p> <p>By September 30, 2017 complete an analysis/ranking of core competency scores for Tier 1 staff</p> <p>By March 31, 2018 develop a training plan to address low core competency scores for Tier 1 staff</p>	<p>All Staff</p> <p>Supervisors & Managers</p> <p>Direct Service Staff</p>	<p>DHD#10 Leadership Team, Mary L. Kushion, LLC</p> <p>HR Director, Division Directors</p> <p>HR Director, Division Directors, Supervisors & Managers</p>	<p>10/03/2014</p> <p>11/30/2015</p>
Integrate core competencies into DHD#10 Performance Review Tools	By December 31, 2017 complete a review of the DHD#10 Performance Review Tool and identify revisions	All Staff	HR Director, Performance Review Team	

	<p>By December 31, 2014 update Tier 3 staff job descriptions to include core competencies</p> <p>By December 31, 2017 update Tier 2 staff job descriptions to include core competencies</p> <p>By December 31, 2017 complete a review of the DHD#10 Performance Review Tool and identify revisions for Tier 2 staff.</p> <p>By January 31, 2018 update Tier 1 staff job descriptions to include core competencies</p> <p>By July 31, 2018 complete a review of the DHD#10 Performance Review Tool and identify revisions for Tier 1 staff.</p>	<p>Administrative/Leadership Team</p> <p>Supervisors & Managers</p> <p>Direct Service Staff</p>	<p>HR Director, Leadership Team</p>	<p>7/01/15</p>
Maintain Excellence as a Public Health Agency	<p>By May 31, 2014 provide training on Performance Management</p> <p>By September 30, 2017 complete online Performance Management Primer</p>	<p>Tier 2 and 3 staff</p> <p>All Staff</p>	<p>MPHI</p> <p>MPHI</p>	<p>09/18/2014 01/07/2015</p> <p>On hold pending review of agency QI/PM Plan</p>
Streamline training tracking within DHD#10	<p>By June 30, 2014 implement online training tracking module in EWS</p> <p>By July 31, 2014 provide training to staff on using online training tracking module</p>	<p>All Staff</p> <p>All Staff</p>	<p>HR Director</p> <p>HR Director, Division Directors</p>	<p>05/28/2014</p> <p>05/28/2014</p>

Curricula and Training Schedule

Included within this section is a schedule of the current recommended trainings for staff. Additional trainings related to core competencies will be added to this listing as each Tier level

assessment is completed and the results analyzed. Subsequently, staff opportunities will be added to the plan as deemed appropriate.

TOPIC	DESCRIPTION	COMPETENCY ADDRESSED	TARGET AUDIENCE	SCHEDULE	RESOURCES	COMPLETION DATE
Employee Orientation – Essentials for Success	Overview of DHD#10 operations, policies, procedures and functions, Public health responsibilities and history, Quality improvement	PH competencies – 1,2,3,4,5,6,7,8 EP competencies – 1,2,3	All New Staff	Twice per year, May and November	Essentials for Success powerpoint, Leadership Team	11/05/2014 06/03/2015, 11/4/15, 3/9/16, 7/21/16
Quality Improvement	Introduction to QI process and tools	PH competencies – 2,7,8 EP competencies – 8,9	All New Staff, QI Team Members	Within 6 months of orientation, point of membership on QI Team	MPHI – Embracing Quality in Public Health: A Practitioner’s QI Primer - online	11/05/2014 06/03/2015 7/21/2016, incorporated into essentials training
Performance Management	Introduction to Performance Management Systems and Processes	PH competencies – 1-8 EP competencies – 8,9	All Staff	Bi-Annual	MPHI – Embracing Quality in Public Health: A Practitioner’s Guide to Performance Management - online	10/03/2014, on hold pending review of agency QI/PM Plan
Core Competency	Introduction to PH Core Competencies	PH competencies – 1-8	All Staff	All Staff Meeting 2014	Mary L. Kushion Consulting, LLC	10/03/2014
Distribution Node Training /Emergency Preparedness	PowerPoint on the operation of the distribution node to each office to train staff on what they would need to do in a real event	EP competencies – 1,4,5,9 PH competencies – 1,2,3,5,6,8	Mecosta County staff	Bi-Annual	DHD#10 Emergency Preparedness staff - Power point presentation and materials	Anticipate completion 12/2016
Full Scale Emergency Preparedness Exercise	Full scale exercise to provide hands on experience for distribution node	EP competencies – 1,4,5,9	Mecosta County staff	Bi-Annual	DHD#10 Emergency Preparedness staff - Power	Anticipate completion in winter of 2017

	staff	PH competencies – 1-8			point presentation and materials	
Point of Dispensing training	Power Point presentation to train staff for a real event – four modules to review beginning in 2016	PH competencies – 1-8 EP competencies – 1-9	All Staff	Bi-Annual	DHD#10 Emergency Preparedness staff - Power point presentation and materials	10/03/2014 10/2/2015
Full Scale Exercise on Point of Dispensing	Full Scale Exercise to provide hands on training for DHD#10 staff	PH competencies – 1-8 EP competencies – 1-9	All Staff	Bi-Annual	DHD#10 Emergency Preparedness staff - Power point presentation and materials	02/2014 & 03/2014 8/2016
Internal Command Center Training and Exercise	Provide hands on experience for ICC staff	PH competencies – 1-8 EP competencies – 1-9	DHD# 10 Incident Management Staff	Bi-Annual	DHD#10 Emergency Preparedness staff communication equipment, scenario scripts, hand controllers	3/3/2016

Evaluation and Review of Plan

Review and evaluation of this plan will occur annually and be conducted by the Human Resource Director. The results of this review and evaluation will be shared with the DHD#10 Leadership Team who will make recommendations for plan additions and changes.

Addendum:

- Annual review of plan will include succession planning
- Increase awareness of performance management

Date of Plan Review	Signature of HR Director
Completed on 05/06/2015	<i>Rebecca Gaines</i>
Completed on 8/4/2016	Kevin Hughes

Plan Authorship

Becky Gaines – Human Resource Director

Linda VanGills – Health Officer

Kevin Hughes – Deputy Health Officer

Anne Bianchi – WIC Director

Christine Lopez – Administrative Services Director

Anne Young – Personal Health Director as of 01/01/2015

Joan Wise – Personal Health Director

Sarah Oleniczak – Deputy Health Officer as of 12/1/2015

Tom Reichard – Environmental Health Director

Shelli Smith – Health Promotion Director as of 1/5/2016